

1103326-0503

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant : Nyqvist et al.
Serial No. : 09/077,718
Filed : June 8, 1998
For : TARTRATE SALTS OF (R)-3-N,N-DICYCLO-
BUTYLAMINO-8-FLUORO-3,4-DIHYDRO-
-2H-1-BENZOPYRAN-5-CARBOXAMIDE
Examiner : T. Solola
Group Art Unit : 1626

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. 1.8	
I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on March 2, 2004 at the facsimile number 703-872-9306.	
John M. Genova	32,224
Agent Name	PTO Reg. No.
<i>[Signature]</i>	2 March 2004
Signature	Date of Signature

Assistant Commissioner for Patents
Washington, D.C. 20231

ATTENTION: Examiner Taofiq A. Solola
FACSIMILE NO: 703-872-9306
DATE: 2 March 2004
PAGES: 4 (2 pages of transmittal and 2 Forms PTO/SB/82)

**Transmittal of Revocation of Power of Attorney with
New Power of Attorney and Change of Correspondence Address**

Sir:

Applicants submit herewith a copy of an original Revocation of Power of Attorney with
New Power of Attorney and Change of Correspondence Address signed by the inventor Hakan

FROM W&C LLP 19TH FL.

(TUE) 3. 2'04 12:31/ST. 12:31/NO. 4260454744 P 2

Nyqvist and a copy of a separate original of the same form signed by Daniel D. Sohn for entry in the file wrapper of the referenced application.

Dated: March 2, 2004

Respectfully submitted,



John M. Genova
Reg. No. 32,224

Attorney for Applicants
Customer Number 007470
(212) 819-8200

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(212) 819-8832

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/077,718
Filing Date	June 8, 1998
First Named Inventor	Nyqvist et al.
Art Unit	1626
Examiner Name	T. Solola
Attorney Docket Number	1103326-0503

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 007470

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

007470

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Hakan Nyqvist		
Signature	<i>Hakan Nyqvist</i>		
Date	Feb. 26, 2004	Telephone	+46 8 553 28704

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/077,718
	Filing Date	June 8, 1998
	First Named Inventor	Nyqvist et al.
	Art Unit	628
	Examiner Name	T. Solola
	Attorney Docket Number	103328-0503

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 007470☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

007470

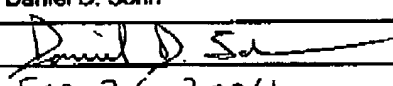
OR

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Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Daniel D. Sohn		
Signature			
Date	FEB 26, 2004	Telephone	46 8 55024066

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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